

Boyer

Died at Cambridge Town Worcester County MARYLAND
 Date 1904 Month 4 Day 12 Y. M. D. Age 1 Native of md Occupation
 Male White ~~Married~~ Widow ~~Divorced~~
~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband
of
Wife

Father's Name W. H. Boyer Mother's Maiden Name Emma Bell

Cause of Death { Primary Pneumonia (8 months) How long sick 151
 Immediate transient ~~Accident, Suicide, Homicide~~

Reported by Henry Smith M.D.

Address Cambridge md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ronald Wesley Barnes.

Died at ^{Town} *Cambridge* ^{County} *Dorchester* MARYLAND

Date 19*02* ^{Month} *April* ^{Day} *8* | ^{Y.} *1* ^{M.} *-* ^{D.} *14* | ^{Native of} *Ind.* | ^{Occupation} _____

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☒ Widower ☐ Divorced ☐ Number of children living _____

Husband of _____

Wife _____

Father's Name *Lewis Barnes* Mother's Maiden Name *Linnie Ephra*

Cause of Death { Primary *Lobar Pneumonia* | How long sick *5 days*
Immediate *Heart Failure* | Accident, Suicide, Homicide

Reported by *Wilbur G. Drake, M.D.*

Address *Cambridge*  *Dorchester Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Annonda Bidding

Town

County

Died at

Toddville

Hickman

MARYLAND

Date 1962 April 11 Y. M. D. Age 2 Native of Md Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband
of

Wife

Father's

Name

Alfred Bidding

Mother's

Name

Annonda Turner

Cause of

Primary

Unknown

How long sick

one day

Death

Immediate

11

151

Accident, Suicide, Homicide

Reported by

Address

Mr. L. G. Robinson (Minister)

Toddville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898



Name In Full

Certificate of Death

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

4

6

Age

70 11 4

Maryland

House work

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Margaret E. Corkran.

Town

County

Died at

Vienna

Dorchester

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

4

13

Age 64-6-

Maryland

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 5

Husband of

Wm J. Corkran

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Suft. Rheumatism

How long sick

two weeks

Death

Immediate

Acute Myocarditis

Accident, Suicide, Homicide

Reported by

F. N. Farnor M.D.

Address

Vienna Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70882



Name in Full

Certificate of Death

Samena Davenport

Town

County

Died at *Coackland Dorchester*

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 *02**4**17*

Age

*56**Nel**Housewife*~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

Joseph M Davenport

Wife

Father's

Mother's

Name

Sam Hurley

Maiden Name

Prissilla

Cause of

Primary

Death

Immediate

How long sick

not sick

Accident, Suicide, Homicide

Reported by

A J Hurley

Address

Vienna Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Name in Full *Julia a Doncker*
 Town *Cornbridge* County *Dorchester*
 Died at *Cornbridge* MARYLAND
 Date 18*90* *2* Month *April* Day *4* Age *41* Y. *—* M. *—* D. *—* Native of *Mass* Occupation *Housewife*
Male *White* *Married* *Widow* *Divorced*
Female *Colored* *Single* *Widower* Number of children living *4*

Husband of *Marion Doncker*
 Wife
 Father's Name
 Mother's Name

Cause of Death { Primary *Consumption*
 Immediate *Hemorrhage*
 How long sick *but 6 months*
 Accident, Suicide, Homicide

Reported by *John Mace*
 Address *Cornbridge, Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Daisy Elizabeth Thelma Hart

Town

County

Died at

Cambridge Worcester

MARYLAND

Date 1902

Month

Day

4-24

Age

Y.

M.

D.

8-54

Native of

Cambridge

Occupation

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's Name Marion Hart

Mother's

Maiden Name Eugenia Daisy Cookman

Cause of

Primary

Pertussis

How long sick

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Lynette M.D.

Address

Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Bloriana Hurley
 Town County

Died at *Whaploggon* *on a boat* MARYLAND

Date 19 *02* *April* 20 Y. M. D. Age *29* Native of *on a boat* Occupation *Laundry*
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
 Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living *—*

Husband of

Wife

Father's Name *Alfred Hurley*

Mother's Maiden Name *Elisabeth Hurley*
Bennet

Cause of Death { Primary *anemia*
 Immediate *—*

How long sick *about 8 weeks*
 Accident, Suicide, Homicide

Reported by

S. S. Powell

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Thomas Jackson

Died at

Southworth Southworth

MARYLAND

Date 19

02

Month

4

Day

13

Age

1-8-13

Native of

Md

Occupation

c

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

W. W. Jackson

Mother's

Maiden Name

Mary J. Mcbray

Cause of

Primary

Dysentery

How long sick

3 days

Death

Immediate

Asst. to others & laceration

Accident, Suicide, Homicide

Reported by

Victor E. Hitch

Address

Southworth Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at *Vienna* Town *Strochester* County *MARYLAND*
 Date 19*02* Month *April* Day *10* Y. *—* M. *6* D. *—* Native of *American* Occupation *Infant*
 Male *White* Married *Widow* Divorced *—*
 Female *Colored* Single *Widower* Number of children living *—*

Husband *—*
 of *—*
 Wife *—*

Father's Name *Oscar Johns* Mother's Maiden Name *Alona Coleman*

Cause of Death { Primary *Lack of Nourishment* How long sick *Since birth*
 Immediate *Unknown* Accident, Suicide, Homicide

Reported by *F. H. Tammert. M.D.*

Address *Vienna Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full *Kellie B. Lane*

Certificate of Death

✓

Died at *Zone Point* Town *Sorchester* County *MARYLAND*
Month Day Y. M. D. Native of OccupationDate 190*8* *April 19* Age *15 years* *U.S.*
Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name *Jeremiah Lane* Mother's Name *Maggie C.*
Maiden NameCause of Death { Primary *Consumption* How long sick *Five Months*
Immediate *General Prostration* Accident, Suicide, HomicideReported by *Mr. Smith*
Address *Cambridge Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Name in Full

Certificate of Death

J. H. LeCompte

MARYLAND

Died at *Lloyds* Town *Bochuser* County
 Date 1902 *Apr* Month *18* Day *81* Y. *11* M. *27* D. Native of *U.S.* Occupation *Farmer*
 Male White Married ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living *5*

Husband of

~~Wife~~

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Old age

How long sick

3 mos

Death

Immediate

Accident, Suicide, Homicide

Reported by

*A. A. Stokes**m. b.*

Address

*Boonville**ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Helen Mathews

Town P.O.

County

Died at

Cambridge

Winchester

MARYLAND

Date 1904

Month

4

Day

6

Age

Y.

3

M.

- 4

D.

Native of

md

Occupation

-

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

~~Number of children living~~Husband
of

Wife

Father's
Name

Alfred

Mother's

Maiden Name

Hattie Mathews

Cause of

Primery

Pneumonia

Death

Immediate

Emulsion

How long sick

3 weeks

~~Accident, Suicide, Homicide~~

Reported by

Guy Steele md.

Address

Cambridge md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Daniel R Meekins, Jr.
 Town County

Died at

Taylor's Island Dorchester

MARYLAND

Date 19

02 April 2
 Month Day

Age

18-10-2
 Y. M. D.

Native of

Md.

Occupation

Male

White

~~Marrd~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Dan. R. Meekins

Mother's

Maiden Name

Sarah McGuire

Cause of

Primary

Tuberculosis

How long sick

1 year

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

Dr. Jos. H. Shriver, Jr.

Address

Taylor's Isl. Dor Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Frank Henry Kany
 Town *Cambridge* County *Essex*

Died at

MARYLAND

Data 19*02*Month *4* Day *10*Age *40*

Y. M. D.

Native of

Occupation

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Singla~~~~Widower~~

Number of children living

1

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Arteriosclerosis

How long sick

18 months

Death

Immediate

Asphyxia~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868



Name in Full

Jessie H. Talley
 Town County
 Died at *Camden, Md* *Brocked* MARYLAND
 Date *April 20* 19*12* Month Day Y. M. D. Native of *Md* Occupation *systemman*
 Male White Married, Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *11*

Husband of *Mollie E. Talley*
 Wife of *Samuel Talley* Mother's Name *103*
 Name

Cause of Death { Primary *Gastric ulcer* Immediate *Hemorrhage*
 How long sick *about 6 months*
 Accident, Suicide, Homicide

Reported by *John W. H. H. H.*
 Address *Camden, Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at *William Trimble*
 Town *Cambridge* County *Dorchester* MARYLAND

Date 1902 Month *Apr.* Day *20* *about* Y. *20* M. *-* D. *-* Native of *Ind.* Occupation *Farmer*
 Male ~~White~~ Married ~~Widow~~ Divorced
~~Female~~ Colored Single Widower Number of children living *none*

Husband of *Caroline Trimble (deceased)*
 Wife

Father's Name _____ Mother's Maiden Name _____

Cause of Death { Primary *Acute Phthisis* & How long sick *about 5 months*
 Immediate _____ Accident, Suicide, Homicide

Reported by *W. A. Drake, M.D.*
 Address *Cambridge* *Dorchester Co.*
(con)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

There are no relatives or friends of this
old man who can furnish any definite
information concerning him.

Drake

Name in Full

Certificate of Death

John Unum ✓
 Town County
 Died at *Rock - Cambridge Dist.* *Worcester* MARYLAND
 Date 19 *02* Month *4* Day *8* Y. *72* M. *-* D. *-* Native of *Ind.* Occupation *Blacksmith*
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Singl~~ ~~Widower~~ Number of children living *3*

Husband of

Father's
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Name in Full

Certificate of Death

Ann Warfield

Town

County

Died at

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

109

Apr

21

Age

86

Borchester

Housewife

~~Male~~~~White~~

Married

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widowess~~

Number of children living

4

~~Husband~~

of

Wife

Father's

Name

Aaron Warfield

Mother's

Name

Ann?

Cause of

Primary

Old age

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

S A Stokes

m.b.

Address

Barnesville

m.c.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85988



Name in Full

Brown C. Willey

Town

County

MARYLAND

Died at

Crownsville

Baltimore

Month Day

Y. M. D.

Native of

Occupation

Date

1902

April 29

Age

16

Md

School boy

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name

William E Willey

Mother's Name

Annie E Willey

Cause of

Primary

Consumption

Death

Immediate

Exhaustion

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

John M. ...
Crownsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Line 2nd child

W. S. Seward.	24
Anna C. Wood	23

Name in Full

Certificate of Death

Thomas Willey

Died at

Bodwell

Town

County

Dorchester

MARYLAND

Date 189 1702 April 25 Age 67 1 4 Maryland Fanner
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 4

Husband

of

Mary E. Johnson

Wife

Father's

Name

don't know

Mother's

Name

don't know

Cause of

Primary

Hypertrophy Right heart

How long sick

2 years

Death

Immediate

Accident. Suicide, Homicide

Reported by

J. A. Commaney

Address

Must be signed by physician, if any in attendance, otherwise by

undertaker or minister.

LIBRARY BUREAU, 78706

